

Provision of Case Management by Chapter 18 Providers

November 16, 2016

Certified Chapter 18 Providers:

There was a feeling within the Provider Certification division that a mass email should be sent out regarding case management and Chapter 18.

Case management is not an optional service under Chapter 18. By this, I mean that all consumers seeking alcohol and drug treatment must be screened for and offered case management services. Following the screening and the offer of case management, consumers are free to refuse this service.

I know that there has been some confusion regarding case management since the department only allows personnel from contracted agencies to undergo the BHCM (behavioral health case manager) training and certification process. Possibly adding to the confusion, there is also language within 450:18-7-61, which refers to 43A, which refers to the Department's BHCM process.

However, LBHP's can render case management and so it is the expectation of Provider Certification to see that ALL consumers seeking alcohol and drug treatment are screened and offered case management, whether or not their agency contracts with the Department and/or OHCA.

For reference, here are the relevant case management standards:
18-7-61, 18-7-62, 18-7-63, 18-7-65

Questions received regarding the provision of case management:

Issue #1: While LBHP's are able to render case management, there are also other designations for personnel, in 18-7-65, that can render case management. Here is the relevant standard:

450:18-7-65. Case management services, staff credentials

(a) *Individuals providing case management services shall be an LBHP, Licensure Candidate, CADC or certified as a behavioral health case manager pursuant to OAC, Title 450, Chapter 50.*

For those of you who are wondering what types of personnel may fall under LBHP. That definition is found in the Chapter 18 definitions, at the beginning of Chapter 18. Here it is:

"Licensed Behavioral Health Professional" or "LBHP" means:

(A) *Allopathic or Osteopathic Physicians with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry;*

(B) *Practitioners with a license to practice in the state in which services are provided by one of the following licensing boards:*

- (i) Psychology;*
 - (ii) Social Work (clinical specialty only);*
 - (iii) Professional Counselor;*
 - (iv) Marriage and Family Therapist;*
 - (v) Behavioral Practitioner; or*
 - (vi) Alcohol and Drug Counselor.*
- (C) Advanced Practice Nurse (certified in a psychiatric mental health specialty), licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided.*
- (D) A Physician Assistant who is licensed in good standing in the state and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions.*

****I do need to reinforce that those designated in 18-7-65 are the only ones that Provider Certification will consider to be able to render case management, for purposes of certification review.**

Issue #2: A provider had mentioned that they were not able to bill case management for the juvenile population that they were treating, as that population was in the supervision and/or custody of JSU. (The following answer applies to juveniles under supervision or in custody of JSU or DHS.)

Certification is separate from reimbursement. The provider that I spoke to agreed that her agency was writing court reports and/or reporting on progress to the outside entities. This is advocacy and would be what Provider Certification would expect to see an agency doing, in terms of case management with the above referenced youth.

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